2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Aug 01, 2005 8:00 am Secretary of State

1. Entity Name	MENT # F96000000 * ntals, inc.	329				08-01-2003	5 90027 03	6 ***15	50.00	
Principal Place of Business 2026 ELDORADO PKWY WEST CAPE CORAL, FL 33914		Mailing Address 2026 ELDORADO PKWY WEST CAPE CORAL, FL 33914				50058915				
Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 1318 Lafayette Street Suite Apt. #. etc.			et					
City & State		City & State			07142005	Chg-P	CR2E034		plied For	
		Cape Coral, FL 339		3390	4 48-077			No	t Applicable	
Zip	Country	33904	US			of Status Desired	□ Fe	3.75 Add e Required		
	6. Name and Address of Current F	Registered Agent		Name	7. Name and	Address of New F	Registered Age	≱nt		
WEIS, GARY L 2026 ELDORADO PKWY WEST CAPE CORAL, FL 33914					Street Address (P.O. Box Number is Not Acceptable)					
	ž.		-	City			FL	Zip Code	9	
	named entity submits this statement for ions of registered agent.	the purpose of changing its r	registered	d office or reg	gistered agent, or bot	h, in the State of Fl	orida. I am fan	niliar with,	and accept	
SIGNATURE_	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	: Registered	Agent signature re	equired when reinstating)		DATE			
	LE NOWILL FEE IS \$150.00 ue by September 7, 2005	9. Election Campaig Trust Fund Contri		cing	\$5.00 May Be Added to Fees	In accordance corporation did	with s. 607.19 I not receive t	93(2)(b), he prior r	F.S., the notice.	
10.	OFFICERS AND I		11.		ADDITIONS/	CHANGES TO OF				
TITLE NAME	WEIS, GARY L	☐ Delete	TITLE	1			Ľ	Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	2026 ELDORADO PKWY WEST CAPE CORAL: FL 33914		STREE		2308 Vill Salina V	lage han	e 4740/	_		
TITLE	DT	☐ Delete	TITLE					Change	Addition	
NAME	WEIS, CHARLOTTE		NAME							
STREET ADDRESS CITY-ST-ZIP				ST-ZIP	2308 VIHO Salina H	ge here	· /			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete		1			С	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	☐ Delete					С	_ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Oelete	CITY-	T ADDRESS ST-ZIP] Change	☐ Addition	
l 12. i hereby e	certify that the information supplied with	this filing does not qualify for	the exen	notion stated	in Section 119 07/39	i) Florida Statutae	I further certify	that the ir	oformation	

receive cerely man be interreduced supplied with ansalining coes not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.